

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010843

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. **13**

Primary Registration District No. **5291**

Registrar's No. **44**

VS 300
Rev. 4/59

6000

60032

3

4 **0**

5 **1**

6

7 **1**

8 **0**

9331X

10

11

12 **86-0**

13 **3-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Clay**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Liberty**

Length of stay in 1b
1 WK.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **I.O.O.F. Hosp # 2**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Clay**

c. CITY OR TOWN **Liberty**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
139 N. Main St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
MILLARD F. CHEEK

4. DATE OF DEATH
Month Day Year
April 2 1963

5. SEX

Male

6. COLOR OR RACE

Can.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-30-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teller

10b. KIND OF BUSINESS OR INDUSTRY

Banking

11. BIRTHPLACE (City and state or country)

Lee County, Virginia

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sam Cheek

13b. MOTHER'S MAIDEN NAME

Houcinda

14. NAME OF HUSBAND OR WIFE

Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.I

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Virginia Cheek Liberty, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

CVA Mouth ago

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Mar 15** to **Apr 2** and last saw him alive on **Apr 1 - 63**
Death occurred at **3 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Walter Gaddison MD

22b. ADDRESS

Liberty MO

22c. DATE SIGNED

4-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-4-1963

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

Liberty, Missouri

(State)

24. FUNERAL DIRECTOR

Church-Archer Co. Liberty, Mo.

25. DATE REC'D. BY LOCAL REG.

4-3-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.